CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM START-UP GRANTS APPLICATION INSTRUCTIONS

This Application Package consists of the following:

l. ATTACHMENT 1: Letter of Intent - The California Department of Education (CDE) requires a commitment from each eligible school to start a School Breakfast Program (SBP) and to operate this program for at least three years from the date the meal service is initiated. Eligible schools must agree to expend grant funds on nonrecurring items according to the budget, as reflected in Attachment 3, and approved by the Child Nutrition and Food Distribution Division (CNFDD).

The Letter of Intent must be signed by an authorized official of the district. If school board approval is required to confirm the commitment to start a SBP, and you are confident of obtaining approval but cannot accomplish it before submitting the application, please initial the line indicated on the Letter of Intent. Evidence of board approval must be submitted to CNFDD prior to release of the funds.

- 2. ATTACHMENT 2: Questionnaire - Provide detailed yet concise answers to all the questions. If more space is needed, attach additional sheets. This information is an integral part of the CNFDD grant application.
- 3. ATTACHMENT 3: Budget - Please complete all items on the Budget. If no funds are requested for a specific item, write "0" for that item. Enter amounts in whole dollars only (no cents).

Start-Up funds may be used for nonrecurring costs only. Indirect costs will <u>not</u> be allowed.

Please Note:

- A separate legible application must be completed for each school site for which start-up funds are requested.
- Justification must be clear and concise, and identify the need for that budget item in beginning and/or operating a breakfast program.
- Only one copy of each application is required.

Send applications via regular or express mail to:

California Department of Education Child Nutrition and Food Distribution Division School Nutrition Programs Unit 560 J Street, Suite 270 Sacramento, CA 95814-2342

Attention: Jim Lane, Program Analyst

Fax applications to:

(916) 445-5731 Attention: Jim Lane, Program Analyst

The $\underline{\text{original}}$ of the faxed application $\underline{\text{must}}$ be mailed to the above address as soon as possible for your application to be considered complete.

(Initials of Authorized Official)

CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM START-UP GRANT APPLICATION LETTER OF INTENT

INSTRUCTIONS: Complete this form for <u>each</u> applicant site.

Subject to funding by the California Department of Education (CDE), Child Nutrition and Food Distribution Division (CNFDD), sites meeting the California State School Breakfast Program Start-Up Grant eligibility criteria, (Agreement Number) ___, agrees to: (Name of District/County Office of Education) Initiate a SBP during _____ 1. (month/vear) (Name of School Site) 2. Expend funds only according to the budget estimates as approved by CNFDD. 3. Operate the SBP for at least three years. (Signature of Authorized Official) (Printed Name of Authorized Official) (Title of Authorized Official) (Telephone Number) (Date) If applicable: This Letter of Intent is contingent upon school board approval. The grant application will be presented at the next regularly scheduled board meeting on ____. Evidence of board approval must be submitted to CNFDD prior to release of funds.

1.

2.

3.

4.

CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM START-UP GRANT APPLICATION QUESTIONNAIRE

INSTRUCTIONS: Complete this form for each applicant site.

Name of School Site	
Address of School Site	
·	
School District's School Nutrition Program Agreement Num	nber
Name of School District	
Address of School District	
Name and Title of Contact Person for Grant Application	
() Contact Person's Phone Number	
Contact Person's Phone Number	
Does the District currently have any school sites participe Program (SBP)? () Yes () No	pating in the School Breakfast
Total number of children enrolled at this site:	
Total number of children approved for free and reduced pri	ce lunches at this site:
Percentage of school enrollment approved for free and red this site:	uced priced lunches at
Estimated number of children approved for free and reduced if grant is awarded:	d price meals who will be served

5.	Are any <u>district funds</u> planned or committed to initiate the year?	SBP at this site in the coming school Yes () No ()		
	If yes, how much?	\$		
	What is the source?			
6.	Provide a <u>detailed description</u> of your school site, including factors such as rural/urban, ethni make-up (specify percentage for each ethnicity), and other pertinent socioeconomic factors. Also include prevalent community factors such as migrant farming, long commutes, mobile population industry dependency, kitchen/feeding facilities, and any other characteristics you feel are relevan Your narrative should include the <u>need</u> for the SBP at this site. Please address this questio carefully. Your comments will be used as justification for your grant request.			

CALIFORNIA STATE SCHOOL BREAKFAST PROGRAM START-UP GRANT APPLICATION BUDGET

INSTRUCTIONS : Complete this form for <u>each</u> applicant sit	е.
Name of School Site	
Name of School District	<u> </u>
Agreement Number	<u></u>
TOTAL GRANT REQUEST (for applicant site)	\$
COST PER NEEDY PUPIL (grant request) number children ap	oproved for free and reduced price meals

If the cost per free and reduced price eligible pupil is excessive (i.e., over \$45), attach a page providing detailed justification.

Please complete all items on the Budget. You must provide specific detailed justification for <u>all</u> requests for your application to be considered.

PLEASE REMEMBER:

- Funding is <u>only</u> for nonrecurring costs.
- No funds are allowed for expanding service at existing SBP sites.
- No funds are allowed for purchasing or processing food.
- No indirect costs may be charged to this program.
- No funds are allowed for salaries and benefits of permanent staff.
- No funds can be requested for equipment or services already under contract or on order.
- Enter cost amounts in whole dollars only.

Any "special circumstances" for which funds are requested <u>must</u> be explained in detail. For example, if transportation equipment is requested, an explanation of its use, such as to transport satellite meals, must be provided. Other examples could include kitchen remodeling, or satellite meal system.

Nonrecurring personnel expenses must be explained in terms of how they relate to SBP start-up. Only that portion of a permanent staff member's salary which is directly related to the SBP start-up effort will be allowed. For instance, funds needed for bookkeeping, the normal duties of meal service employees, accountability, or computer personnel <u>are not</u> allowable. However, using funds to train these employees about the SBP or to travel to observe existing SBPs is allowable.

When requesting equipment, the capacity and quantity of items requested must be appropriate to the enrollment as well as to the number of needy students in the schools.

EQUIPMENT:

<u>ltem</u>	Cost*	**	%
A	\$		
B			
C			
D			
<u>E</u>			-
F			
G			
H			_
EQUIPMENT TOTAL	\$		

- * If an item will be used for both breakfast and lunch, the percentage of use indicated determines funding for that item (e.g., if the requested item will be used 50% of the time for breakfast preparation and 50% of the time for lunch preparation and its total cost is \$100, then list \$50 as the cost for this item). **NOTE: Include sales tax.**
- ** Check here if this is a replacement item.
- % If an item will be used for lunch and breakfast service, indicate the approximate percentage of use for breakfast. If used for breakfast only, indicate 100%.

Important:

- If any of the above requested items are to replace existing equipment, explain the reason for replacing that equipment.
- If requesting a replacement item that will be used 100% for breakfast, explain why the equipment will no longer be used for lunch. Any accountability equipment (e.g., computers) will not be funded.
- Requests for the following items must be explained in the justification, particularly since these items may already be in use for lunch:

Tables and chairs, serving lines, transport equipment, large capacity ovens, refrigerators, coolers, freezers, mixers, skillets, microwaves, preparation tables, remodeling or rewiring of kitchens to accommodate new equipment, range hoods, safety equipment, ice machines, dishwashers, trays and utensils.

 Special circumstances require detailed explanations before a funding determination can be made. Examples of such circumstances include:

Schools with infrequent deliveries, central kitchens, satellite schools, schools with satellite lunch service that want full or modified self-preparation for breakfast, schools currently without a lunch program and/or schools currently without kitchens.

Justification for each equipment item:

A.		
B.		
C.		
D.		
E.		
F.		
G.		
H.		

OUTREACH and/or IMPLEMENTATION:

- These costs include expenditures used for informing families of the availability of the breakfast program (e.g., letters to parents announcing the breakfast program), or for expenditures directly related to implementing the SBP (e.g., substitutes for food service personnel while they receive training, or travel to other schools to observe breakfast programs).
- **OUTREACH**: Describe outreach efforts or promotional materials you will be using, such as mailings to parents and incentives for participation.
- IMPLEMENTATION: If requesting funds for a staff member as a trainer or start-up coordinator, explain how the function will differ from the normal duties of the food service director and how much time they will be engaged in training.

	much	time	they will be engaged in training.	
		A. B. C. D.		\$
		E.	Other outreach/implementation costs	
lm	portan	t:	OUTREACH / IMPLEMENTATION TOTAL	\$
•	of the	trair	e requested for training, include in your explanation the staff to be trained ning; training costs (e.g., staff salaries for training time, cost of substi- etc.). Explain how this activity differs from the normal duties of a food se	tutes, trainer,
Ju	stifica	tion	for each outreach/implementation item (attach additional sheets if	necessary):
A.				
В.	<u>-</u>			
C.	_			
D.	_			
E.	_			
				•